Clear Form

No animals, animal semen, animal embryos, birds, poultry, or hatching eggs will be imported unless a completed application has been received (*9 CFR Part 92 and 9 CFR Part 93*).	According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0040, 0579-0165, 0579-0228, and 0579-0245. The time required to complete this information collection is estimated to average between .16 and 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	**OMB Approved** 0579-0040, 0579-0228, 0579-0245

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

APPLICATION FOR IMPORT OR IN TRANSIT PERMIT

(*Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs*)

INSTRUCTIONS TO IMPORTER: Complete and submit one copy to USDA, APHIS, VS, 4700 River Road, Unit 38, Riverdale, MD 20737. Prepare a separate application for each shipment.

1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN

2. NAME AND ADDRESS OF IMPORTER *(include ZIP code)*

3. PORT OF EMBARKATION *(from Canada, show only for ocean vessel or airplane shipments)*

4. COUNTRY FROM WHICH SHIPPED

TELEPHONE NUMBER *(include area code)*

5. MODE OF TRANSPORTATION *(name of airline or vessel and flight number)*

6. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS

A. NO.	B. BREED	C. SPECIES	D. DESCRIPTION *(sex, age, registered name and number, tattoo, tag number, other markings)*

E. PURPOSE OF IMPORTATION

7. ROUTE OF TRAVEL INCLUDING ALL CARRIER STOPS ENROUTE *(from Canada, show route of travel only for ocean vessel or airplane shipment)*

8. PROPOSED SHIPPING DATE *(from Canada, show only for ocean vessel or airplane shipment)*

9. PROPOSED ARRIVAL DATE

10. UNITED STATES PORT OF ENTRY

11. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE *(after quarantine, when required) (include ZIP code)*

TELEPHONE NUMBER *(include Area code)*

12. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES *(after quarantine, when required) (location)*

13. REMARKS

14. SIGNATURE OF IMPORTER

15. DATE SIGNED